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ELDER ABUSE & NEGLECT

CAN END WITH YOU

ELDER ABUSE
AWARENESS

To report suspected abuse, please call 1-800-252-8966.

In 1988, the Illinois Elder Abuse and Neglect Act was enacted into law to address the problem of the abuse of older people in their own homes. (The State Ombudsman Program responds to abuse in nursing homes.) The Act directs the Illinois Department on Aging to establish an intervention program to respond to reports of alleged elder abuse, neglect and exploitation and to work with the older adult in resolving the abusive situation. The Illinois Elder Abuse and Neglect Program is now operational statewide and provides services to adults 60 years of age and older who may be victims of abuse as defined in this guide. The program is based on an older person's right to self-determination; no decisions are made about a competent adult without his or her involvement and consent. Every effort is made to keep an individual in his or her own home.

The Elder Abuse and Neglect Act provides that people – who in good faith report suspected abuse or cooperate with an investigation – shall be immune from criminal or civil liability or professional disciplinary action. It further provides that the identity of the reporter shall not be disclosed except with the written permission of the reporter or by order of a court. Anonymous reports are also accepted.

INTRODUCTION

Early Intervention Services: While an array of services are usually available in communities, often older adults who are victims of abuse face unique barriers which prevent access to available resources. Early intervention services are available for short-term and/or emergency situations when other resources are not available to the victim. These services include: legal assistance, housing and relocation assistance, respite care and emergency aid (such as food, clothing or medical care).

Victim Profile

Three-fourths of the elder abuse victims served by the Illinois program were women, with an average age of 77. Seventy-five percent of victims had impairments, such as functional problems, lack of mobility, disorientation and Alzheimer's Disease. Seventy-seven percent of reports were substantiated – that is, some form of abuse was found to be occurring after a case assessment. Nearly 90 percent of the victims identified consented to work with the Elder Abuse and Neglect Program to resolve their difficulties.

Abuser Profile

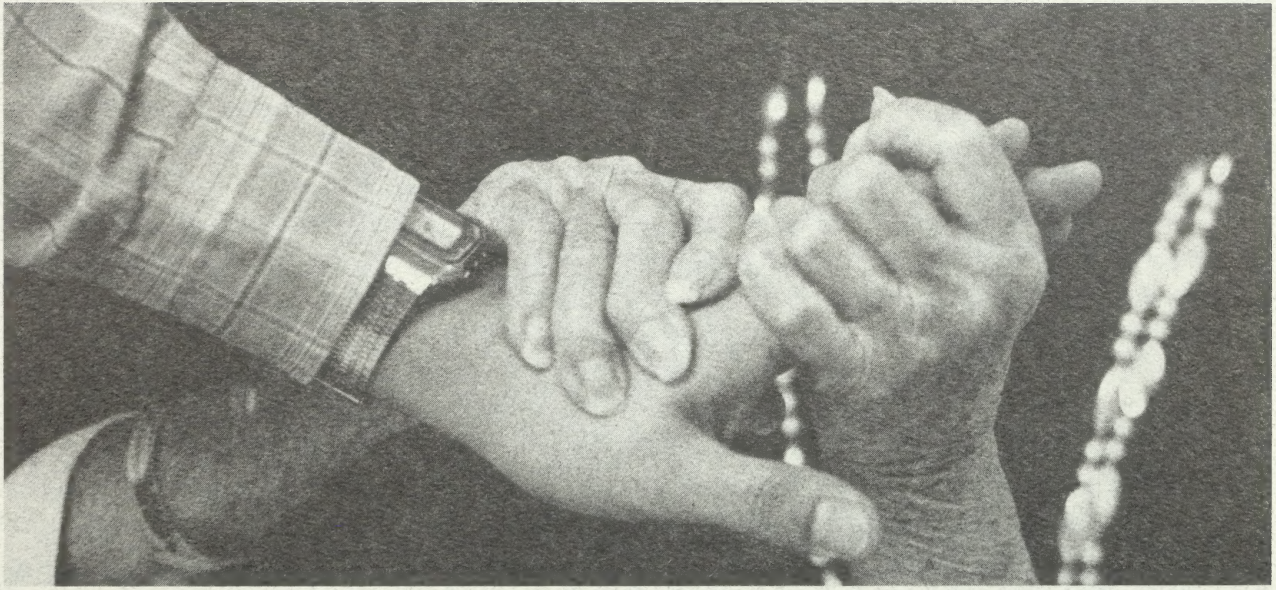
Four in five abusers were family members of the victim, with the largest category being children (40 percent), followed by spouse (16 percent), and other relatives (24 percent). Male abusers (55 percent) slightly exceed female (45 percent). More than half of the abusers were the victim's primary caregiver. About one-quarter of them had an alcohol or substance abuse problem, and 14 percent were financially dependent on the victim. About 7 percent had a legal relationship with the victim. Almost 4 percent had a power of attorney, 2 percent were guardians and 2 percent were representative payees.

VICTIMS & ABUSERS

Generally, more than one type of abuse is suspected to occur at one time.

- **Physical Abuse:** inflicting physical pain or injury.
- **Sexual Abuse:** touching, fondling or any other sexual activity with an older adult when that person is unable to understand, unwilling to consent, threatened or physically forced.
- **Emotional Abuse:** verbal assaults, threats of abuse, harassment or intimidation that compels an older adult to engage in conduct from which he or she has a right to abstain or to refrain from conduct in which he or she has a right to engage.
- **Confinement:** restraining or isolating for reasons other than medical ones.
- **Passive Neglect:** the caregiver's failure to provide an older adult with life's necessities, including, but not limited to, food, clothing, shelter or medical care, caused by failure to understand the older person's needs, unfamiliarity with services to help meet needs or a lack of capacity to care for the older person. No new affirmative duty of care is created.
- **Willful Deprivation:** willfully denying an older adult who requires medication, medical care, shelter, food, therapeutic device or other physical assistance, thereby exposing that person to the risk of physical, mental or emotional harm – except with regard to medical care or treatment when the dependent person has expressed an intent to forego such medical care or treatment.
- **Financial Exploitation:** the misuse or withholding of an older adult's resources by another, to the older person's disadvantage and/or to the profit or advantage of someone other than the older person.

DEFINITIONS

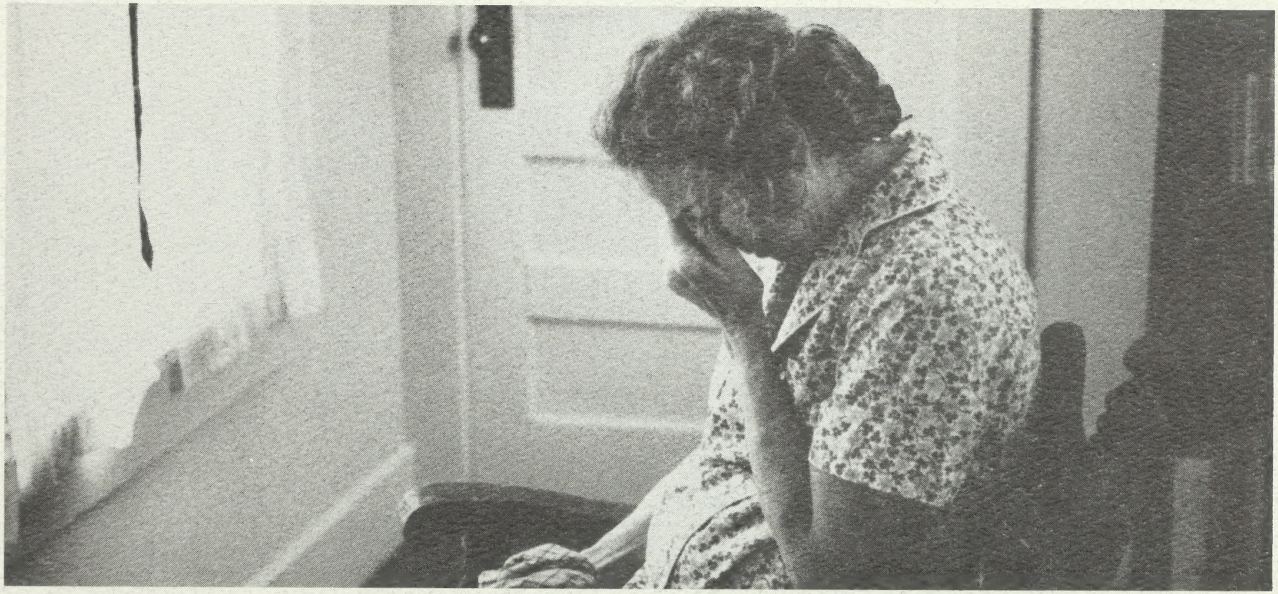


An older adult's interests and welfare are the first concern of the Illinois Elder Abuse & Neglect Program.

- Injury that has not been cared for properly or is incompatible with history.
- Pain on touching, cuts, lacerations or puncture wounds.
- Bruises, welts and discoloration: bilaterally on upper arms; clustered on trunk, but may be evident over other areas of the body or which are similar in shape to an object; presence of old and new bruises at the same time.
- Dehydration and/or malnourishment without illness-related cause; weight loss.
- Pallor or poor skin hygiene, sunken eyes or cheeks, absence of hair and/or hemorrhaging below scalp, eye problems or retinal detachment.
- Evidence of inadequate care (bed sores that have not been properly treated).
- Soiled clothing or bed linens.
- Burns (may be caused by cigarettes, caustics, acids, friction from ropes or chains, from confinement or contact with other objects).
- Signs of confinement (locked in room, tied to furniture or bathroom fixtures).
- Lack of bandages or stitches when necessary or evidence of unset broken bones.

Injuries are sometimes hidden under the breasts or on other areas of the body normally covered by clothing. Repeated skin or other bodily injuries should be noted and careful attention paid to their location and treatment. Frequent use of the emergency room and/or other health care "shopping" may indicate physical abuse. The lack of necessary appliances, such as walkers, canes and bedside commodes, or the lack of necessities, such as heat, food and water, or unsafe conditions in the home may indicate abuse or neglect.

Physical Indicators



Indicators of Financial Exploitation

- A caregiver or family member with access to an older adult's money appears to use the funds for himself or herself rather than for the older person, resulting in many unpaid bills or overdue rent, for example.
- An older adult does not have adequate food, clothing or personal care items when there appears to be enough money to provide for them.
- An older person is grossly overcharged for residence or services.
- An older person loans large sums with no arrangement for repayment.
- An older person complains of deception or theft of property or funds.

Behavioral Indicators

These behaviors on the part of the older person, in and of themselves, do not indicate abuse or neglect; but, combined with other indicators, they may be significant:

- Fear, withdrawal, depression, helplessness, resignation, hesitation to talk openly or implausible stories.
- Confusion, disorientation or contradictory statements not due to mental dysfunction.
- Anger, denial, non-responsiveness, agitation or anxiety.

Family / Caregiver Indicators

- The caregiver does not allow the older adult to speak for himself or herself or to see others without the caregiver present.
- Lack of assistance, attitudes of indifference or anger toward the older person.
- Family member blames the older adult (such as for incontinence).
- Aggressive behavior toward the older adult (threats, insults or harassment).
- Previous history of abuse to others.
- Withholding of security or affection.
- Problems with alcohol, drugs or mental illness.
- Family and/or older person is socially isolated.
- Conflicting accounts of incidents by family, supporters and victim.
- Unwillingness or reluctance to comply with the care plan.

Other Indicators

Basic Principles of Illinois' Program

Voluntary Reporting: Illinois is one of the few states to adopt a voluntary reporting law to report suspicions of elder abuse, neglect or exploitation. The law does encourage individuals to report and provides immunity from liability for making such reports in good faith; however, it does not mandate reporting by specific groups such as health care providers or social workers.

Voluntary reporting was selected because Illinois' experience in testing different reporting models has shown that voluntary reporting will achieve the goals envisioned by the proponents of mandatory reporting without unnecessary invasion of an older adult's right to self-determination.

Self-Determination: The concept of self-determination adopted by the State of Illinois includes certain civil rights to which competent adults are entitled. These rights do not change by virtue of aging. Competent older adults have the right to:

- Decide where and how they will live;
- Choose whether to accept social services or other community assistance;
- Make decisions different from those society would make, including what might be considered "bad" decisions, which are not harmful to others. There are times, however, when a disabled older person is incapable of protecting himself, and under the law, has the right to have protective measures taken on his or her behalf. Protective measures are contained in the Mental Health Code and the Probate Act.

What Causes Abuse?

Just as there are several types of abuse, there are numerous causes:

Caregiver Stress: Many neglect cases are caused by well-meaning family members who try to care for an ill or incapacitated older adult but are unable to adequately meet that person's needs because of insufficient resources or skills. Often the neglect can be alleviated through in-home services, respite care and training.

Domestic Violence Grown Old: Some couples have had violent interactions for decades, and the abuse continues after the couple reaches age 60. Because of increased age, the victim – almost always the woman – can be more vulnerable to injury. These cases can be difficult to resolve because separating the parties, or arresting and prosecuting the abuser are about the only effective long term responses.

Dysfunctional Abuser: Two in five abusers have a substance abuse problem and/or are financially dependent on the victim. Adult men who have always been dependent on their parents or other relatives have most often been identified as perpetrators of physical abuse. Dysfunctional abusers are also often responsible for financial exploitation as they attempt to use the older adult's resources, rather than generate their own. Helping the abuser to become more independent may relieve the abuse, as will, in many cases, reducing the older person's isolation and implementing new services and legal protections.

Paid Caregiver: These are the cases in which the older person's caregiving needs and loneliness can make him or her vulnerable to someone who exploits the relationship. While the caregiver may not be a family member, strong emotional ties can develop on the older adult's part, making him or her as reluctant to hold the caregiver accountable as if that person were the older adult's own child.

CAUSES OF ABUSE

Intervention Principles: The principles below have been written in support of an older person's right to self-determination:

- Involve the older person in the development of the intervention/care plan. Take the time to explain the range of legal, medical and social service options to older adults, beginning with the least restrictive alternatives in treatment and placement, so that the person can exercise the maximum decision-making ability for his or her level of competence.
- Intervene with the family unit support system whenever possible. Most abused older adults live with a family member or receive some care from the family.
- Recommend community-based services rather than institutional placement whenever possible. Institutions are considered a very restrictive environment. Often an older adult fears placement more than abuse. An individual may refuse services if placement is the only option presented.
- Be direct in discussing the situation and alternatives, but avoid placing blame. Assigning blame can be dysfunctional and reduce the chances of stopping abuse.
- Respect an older person's right to confidentiality. Information about an individual's affairs should be shared only as authorized by the older adult or guardian and only as it pertains to obtaining assistance and guidance.
- Recognize that inadequate or inappropriate intervention may be worse than none at all. Assistance that over-promises may be rejected by the older person and the abuser. Inadequate or inappropriate intervention may greatly increase the risk to the victim.
- An older adult's interests are the first concern of the program. The older person's welfare comes before his or her family or members of the community. The older person's safety is also the foremost priority when he or she is unable to decide or act on his or her own behalf.

The Elder Abuse and Neglect Program provides these services to victims:

Intake of Reports: This screening process determines if there is a reasonable suspicion of elder abuse, neglect or exploitation and the urgency of the report.

Assessment: A systematic, standardized system responds to reports of abuse, neglect and/or exploitation for the purpose of determining whether abuse has occurred, the degree of risk of further harm to the older person, and if immediate interventions are necessary. When a call is received, a trained elder abuse case worker responds within a specified period of time depending on the severity of the case: within 24 hours for the most dangerous situations; within 72 hours for intermediate ones; and up to seven days for all others.

Case Work: Intensive case work activities on substantiated cases of abuse, neglect and exploitation would include working with an older adult to develop and implement a care plan for the purpose of stabilizing the situation and reducing risk of further harm to the older person. The care plan could include legal, medical, social service or other necessary assistance.

The approach is low-key, stressing the desire to work with the older adult and his or her family to resolve any problems. Depending on the older person's needs, wishes and resources, a range of interventions may be put into place, including:

- Home or other health care
- Nutrition services
- Financial or legal assistance and protections
- Referral to counseling for victim and/or abuser
- When needed, guardianship proceedings and/or nursing home placement
- Chore/housekeeping services
- Adult day care
- Respite care for the caregiver
- Housing assistance
- Emergency responses for housing, food, physical and/or mental health

Follow-Up: Because abuse, neglect and exploitation are sometimes a recurring problem even after intervention, a systematic method of follow-up on substantiated cases is essential. Follow-up may be effective in preventing further abuse by working with an older adult to detect recurring signs of abuse before the situation becomes life-threatening.

SERVICES

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AWARENESS

To report suspected cases of elder abuse, neglect or exploitation, please call in complete confidence:

1-800-252-8966

(voice and TDD)

8:30 a.m. to 5 p.m.
Monday through Friday

Illinois Department on Aging
421 E. Capitol Avenue
Springfield, IL 62701

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with the Illinois Human Rights Act; The U.S. Civil Rights Act; Section 504 of the Rehabilitation Act; the Age Discrimination Act; the Age Discrimination in Employment Act; and the U.S. and Illinois Constitutions. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging, for information, call 1-800-252-8966 (voice and TDD).

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